

**COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE SERVICES**

**February 12, 2001
Brownstone Hotel, North Carolina**

MEMBERS

February 12, 2001

1. Emily H. Moore, Chairman	
2. Lou Grubb Adkins	
3. Lois Batton	
4. Patricia Ann Chamings	Excused
5. Joe Coulter	
6. Dorothy Crawford	
7. Mansfield Elmore	
8. Jeanne Fenner	Unexcused
9. Pearl Finch	
10. Albert Fleet Fisher	Excused
11. Ken Gerrard	Unexcused
12. Paul Gulley, MD	
13. George Jones	Unexcused
14. Judy Lewis	Excused
15. Martha Macon	
16. Martha Y. Martinat	
17. Floyd McCullouch	
18. Pender McElroy	
19. Tom Palmer	Excused
20. Raymond Reddrick	Unexcused
21. William Sims, MD	Unexcused
22. Mokie Stancil	
23. Freddie Turner Stell	
24. Ann Suggs, MD	
25. Wymene Valand	Unexcused
26. Dr. Bruce Whitaker	

Commission Staff Present

Dr. Art Robarge, Acting Director for DMH/DD/SAS

Tara Larson, Assistant Director for Quality Assurance and Management

Marilyn Brothers, Hearing Officer, DMH/DD/SAS

Michelle Cotton, Liaison, DMH/DD/SAS

OTHERS PRESENT – February 12, 2001

Carmen Hooker Buell, DHHS Secretary
Don Herring, DMH/DD/SAS
Bill Rafter, ADATC S.A. Federation
Mary Eldridge, DMH/DD/SAS
Sherry Harrison, DMH/DD/SAS
David Swann, Crossroads BHC
Jim Osberg, DMH/DD/SAS
Sue Crieghton, DMH/DD/SAS
Rebecca Carina, DMH/DD/SAS
Jerry Edwards, Director for Cherry Hospital
Bob Allen, DMH/DD/SAS
Don Willis, DMH/DD/SAS
Flo Stein, DMH/DD/SAS
June Cunnings, Area Director for Lenoir County
Debbie Siegel, NC Council on Developmental Disabilities
Debra Dihoff, Area Director for Pitt County
Jack St. Clair, Area Director for Duplin-Sampson
Charles Davis, DMH/DD/SAS
Phillip Veenhuis, M.D., DMH/DD/SAS
Michael Watson, Area Director for Sandhills
Shannon Tyler, ECU
Jean Oversight, NC Council of Community Programs
Meredith Barnett, Boards and Commissions
Susan Murphy, Governor's Office/Boards of Commission
Linda Povlich, Asst. Secretary for DHHS
Bob Hedrick, Community Support Providers
Karen Adams-Gilches, Easter Seals of NC
Perry Newsom, NC Board of Ethics
Susan Brown-Ward, DMH/DD/SAS
Janet Schanzenbach, Deputy Director for Council of Community Programs
James Blackley, M.D., DMH/DD/SAS
Diane Pomper, AG's Office
Joe Jenkins, Area Director for Roanoke-Chowan
Karen Stewart, NC Association of Professional Psychologists
Flora Dunbar, NC Association of Professional Psychologists
Barbara Gardner, DMH/DD/SAS
Martha Kaufman, DMD/DD/SAS
Carol Duncan Clayton, NC Council of Community Programs
Jennie Lancaster, Department of Correction
Lavee Hamer, Department of Correction
Deborah McSwain, Department of Correction
Ken Wilson, Department of Correction
Joan DeBruyn, DMH/DD/SAS
Roy Wilson, Area Director for Neuse
Angeline Sligh, DMH/DD/SAS

Spencer Clark, DMH/DD/SAS
Randolph Cloud, Randolph Cloud & Associates
Anna Bridges, Randolph Cloud & Associates
Chrishm Heinberg, NC Association of Professional Psychologists
Patricia Gunmond, NC Association of Professional Psychologists
Ben Aiken, Former Commission Member

Monday, February 12, 2001

Call to Order

Emily H. Moore, Chairman of the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, called the meeting to order and delivered the invocation.

Approval to Minutes

A motion was made by Martha Macon and seconded by Dorothy Crawford to approve the minutes from the November 13-14, 2000 Commission Meeting.

Mrs. Moore acknowledged absentee members as follows: Tom Palmer's wife is having surgery, Judy Lewis mother is ill and Albert Fisher is out due to illness.

The North Carolina Council Board of Directors has cordially invited all attendees to their open house, February 12th from 2-5 p.m. Mrs. Moore encouraged all the board members, staff of the division and private providers to see their new quarters.

Mrs. Moore had the honor to attend the Swearing in Ceremony of the new DHHS Secretary, Carmen Hooker Buell, on Friday, February 9th.

Mrs. Moore introduced DHHS Secretary Carmen Hooker Buell.

Prior to relocating to North Carolina in 1995, Ms. Hooker Buell served as a member of Massachusetts House of Representatives for eleven years where she served on the Joint Committee on Human Services and the Joint Committee on Health Care. Ms. Hooker Buell was the primary legislative author of the 1991 Massachusetts comprehensive health reform legislation and the first Children's Health Insurance Plan for children of working families not covered by medical insurance. Moving to North Carolina, she served on a special Medicaid Taskforce and was appointed Co-Chair of the North Carolina Health Care Reform Commission. She has served on the state Workforce Preparedness Commission, and is a member of the NC Institute of Medicine.

Remarks by DHHS Secretary Carmen Hooker Buell

Secretary Hooker Buell opened by stating this was her first official public meeting other than the Swearing in Ceremony. Ms. Hooker Buell expressed her gratitude for Governor Easley appointing her to spearhead DHHS during the challenging times including the budget shortfall. In this time of budget crisis the department has a great opportunity to do

things differently and meet the Department's budget commitments. Ms. Hooker Buell is aware of the challenges facing the Department. Mental Health/Developmental Disabilities and Substance Abuse Services has been a division that has been under a great deal of fire. "The Governor has expressed a charge that I make this my top priority beyond the budget." In preparing for the priority, she is reading the work that has been done by the various studies.

Ms. Hooker Buell requested all attendees to email her regarding their ideas/comments, and what they think is best for the Division by Friday, February 16, 2001, ([Carmen.Hooker Buell @ncmail.net](mailto:Carmen.Hooker.Buell@ncmail.net)). First, she needs to know if she is searching for a Division Director for MHSA or Division Director for MHDDSAS. Secondly, the email comments should not exceed one page. All input will be valued, and all comments are meaningful. She realizes the tension with this Commission and the Department has had in the past. She expressed that we are not going backwards but forward; therefore, she commits that the lines of communication will always be open. For those who don't have access to email, please fax your comments to Secretary Hooker Buell at (919) 715-4645. Secretary Hooker Buell stressed we are all in this together. Secretary Hooker Buell values the Commission's role to the Department.

She expressed interest in visiting Area Programs and Community Agencies.

N.C. Board of Ethics

Perry Y. Newson, Executive Director presented to the Commission on the NC Board of Ethics. Mr. Newson noted, "Governor Hunt created the Board of Ethics in 1977." Governor Easley used his first Executive Order to establish the North Carolina Board of Ethics to oversee and assure the State's primary conflict of interest for high-level employees and appointees in the executive branch of State government. One of the main duties of the Board of Ethics is to help Public Officials comply with Executive Order 127. The Board does this through "advisory opinions." The four main functions the N.C. Board of Ethics perform are:

1. Perspective Screening – this is to avoid potential conflicts.
2. Ethics Education – The Board shall make basic ethics education and awareness presentations to all Agency heads, their chief deputies or assistants, and all other Public Officials subject to this Order.
3. Complaints – The Board shall investigate legitimate, properly filed complaints against covered Public Officials according to rules or regulations it may adopt for that purpose.
4. Advisory Opinions – The Board shall render advisory opinions as may be requested by a Public Official, any individual not otherwise a Public Official who is responsible for the supervision or appointment of someone who is a Public Official, Agency heads (which term includes the chair of each covered board), and legal counsel for covered Agencies or boards.

All currently serving Public Officials appointed by the Governor to a board, commission, or council have to file with the Board of Ethics a sworn Statement of Economic Interest ("**Statement**") on or before **May 15, 2001**. All new appointees who are covered by the Order must file their Statement as soon as reasonably possible, the intent being to have a conflict evaluation prior to or contemporaneous with the commencement of public service where feasible.

The Chairman or his/her designee at the beginning of each meeting should read the following:

In accordance with Governor Easley's Executive Order Number One, it is the duty of every Board member to avoid both conflicts of interest and appearances of conflict.

Does any Board member have any known conflict of interest or appearance of conflict with respect to any matters coming before the Board today?

If so, please identify the conflict or appearance of conflict and refrain from any undue participation in the particular matter involved.

Mrs. Moore thanked Mr. Newson for coming and explaining the N.C. Board of Ethics procedures.

N.C. Board and Commission

Mr. Alex Easley couldn't attend due to sickness. Ms. Meredith Barrett presented on behalf of Mr. Easley. The Governor's Office Board of Commission staff are: Sondra Davis - Director, Alex Easley -Deputy Director, Meredith Barrett – Liaison and Karen Sipes – Administrative Assistant. The NC Boards and Commission office is getting things organized and getting started making the different appointments that the Governor has to do. In order for the NC Boards and Commission to be as effective as possible, a questionnaire has been prepared that will enable them to tell what each board's primary needs are in the upcoming months. Ms. Barrett reviewed the appointment process. (HANDOUT)

Mrs. Moore stated, "there are eight commission members up for reappointment June 30, 2001." After every commission meeting, Mrs. Moore goes by the NC Boards and Commission office and keeps them abreast of what's going on in the area of MHDDSAS Commission meetings. Mrs. Moore will continue to work closely with the NC Boards and Commission.

Commission Committee Reports

Rules Committee

Pender McElroy, Commission member, reported on the Rules Committee meeting on January 9, 2001. The meeting was productive and seven members attended: Pender McElroy, Martha Martinat, George Jones, Mokie Stancil, Fredrick Stell, Al Fisher and Lois Batton. As a follow up to the prior Commission meeting, Bill Warren presented an overview about physical plant, construction and programmatic requirements related to licensure. There was discussion regarding air conditions in the facilities. As discussed, there are certain areas of the state that do need air conditioning as frequently as other parts of the state and in these situations, there may be a need to grant an equivalency rule. The staff has agreed to provide feedback at the next Rules Committee meeting (Rules minutes distributed).

The committee voted to recommend to the Commission that the drug Dihydroetorphine be added as a controlled drug. This places the NC Controlled Substance rules in line with federal requirements.

Mary Eldridge presented on the Seclusion and Restraint rules. The temporary rules will be published in the Register as well as being posted on the web. The rules went into effect January 1, 2001 except those that pertain to the required training and those was effective February 1, 2001.

Client Rights and Human Rights Rules are also under consideration/review for combining the two sets. A progress report will be made at the April Rules Committee meeting, and tentative presentation of the rules to be made in August.

The Rule Tracking Form will be used to track process and to assure that timelines are met in rule processing.

Also discussed, was that COA offers up to 4 years of accreditation, but the current DMH/DD/SAS Rules allow only for a maximum of 3 years accreditation. The Rules Committee suggested the staff study this to see if it was something to be recommended to the Commission regarding uniform change. Staff will report on the recommendation at the April Rules meeting.

A motion was made to express concerns regarding Mental Health Reform to the County Commission and local Governance. Tara Larson suggested that the initial motion be tabled until after lunch to allow the Advisory Committee to meet and develop a motion for the Commission to consider after lunch.

Mrs. Moore stated a proposed motion will be written during lunch and voted on after lunch.

Pender McElroy made a motion to add the drug Dihydroetorphine to the Schedule II list on controlled drugs; Fredrica Stell seconded the motion. The motion was passed unanimously and the rule will be modified accordingly.

Advisory Committee

Paul Gulley, Commission member, reported on the Advisory Committee meeting on January 11, 2001. This group will meet the second Thursday of the month prior to the Commission meeting. The following items were discussed at the meeting: 1) one day commission meetings, 2) presentation from Substance Abuse Services, 3) Legislative Oversight Committee, 4) Division update and 5) Nursing Shortage update. In addition, the Advisory Committee requested that the Department of Correction have representation at the Commission meeting (Policy Advisory minutes distributed).

Department of Corrections

Ken Wilson, Assistant Director of Mental Health Division of Prison, presented to the Commission the Mental Health services in the Departments of Corrections. Mr. Wilson noted, there are approximately thirty-one thousand inmates. Mr. Wilson stated suicide rates, between the general populations and prisons populations should be viewed differently. Since 1995, the general population suicide rate has been between 11 ½ and to 12-½ % per one hundred thousand. Within the prison system, typically it's been about twice that rate from 27 to 30% one hundred thousand. Mr. Wilson reported that the Director of the Division of Prisons is charged with providing preventive, diagnostic and therapeutic measures on both an outpatient and a hospital basis for all types of in-patients. The Mental Health Director is also responsible for the coordination, development and implementation of the Mental Health Program for the Division of Prisons.

Mr. Wilson stated medical screening and processing begins immediately upon an inmate's arrival at a prison Diagnostic Center. Medical staff performs a routine medical screening that includes screening for mental health concerns. There are four facilities available to serve the needs of inmates needing psychiatric services in a residential setting. These patients are no longer in need of acute inpatient hospitalizations, but are not yet well enough to return to an unstructured general population setting.

Mr. Wilson also reported appropriate outpatient mental health services are made available as needed to inmates in facilities across the state. Day Treatment programs are provided through outpatient services.

Mr. Wilson reminded the Commission that auditors from the Department of Health and Human Services (DHHS) actively audit services delivery sites. While there are too many prisons for each one to be audited annually, a number of sites are selected each year representing all levels of service and a wide range of prison populations and custody levels. During the past year DHHS auditors examined more than twenty prison service delivery sites, approximately 25% of all sites.

Mrs. Moore thanked Mr. Ken Wilson for the presentation and requested that MHDDSAS Commission tour Central prison Mental Health facility in May. (HANDOUT)

DHHS-MH/DD/SAS Audit of Prisons

Barbara Gardner reported on the MH/DD/SAS audits in the Prisons. Barbara Gardner and Margaret Stephenson are DHHS-Mental Health/Developmental Disabilities and Substance Abuse Services auditors for the prisons. Ms. Gardner reported the first reviews began in 1979, and been on-going since then. The purpose of these reviews is to review for process or compliance with the standards. The process has changed over the years. They conduct a multi-discipline interview with the staff. A full report is sent to the Division of DMH/DD/SAS, and to the prison warden. At the end of the year a summary of the reports is sent to the Governor.

Legislative Report

Michelle Cotton, Legislative Liaison with MHDDSAS, reviewed the following: Legislative Oversight Committee and subcommittee meetings; new members of the 2001 General Assembly; questions and answers about the bill draft; interim report to the General Assembly, and Governor Easley's steps to balance the budget. Governor Easley will make his state address on February 19, 2001 at 7/p.m. All LOC subcommittee meetings are public meetings. All information is on the DMH/DD/SAS web page (HANDOUT).

Remarks/Art Robarge, Acting Director for DMH/DD/SAS

Dr. Robarge informed the Commission members about the good things the Area Programs are doing and where he thinks the Division should move to in the future. In 1999, the Area Programs served approximately three hundred twenty five thousand individuals. About one hundred thousands were new consumers. The hospitals serve approximately fifteen thousand individuals and about half are new consumers. Dr. Robarge stated the Area Programs, Hospitals and Substance Abuse Facilities do a wonderful job with the vast majority of consumers. Dr. Robarge also stated the Division has financial constraints upon which the Division must look for better ways to serve consumers. "This acting capacity is a tremendous privilege. It is a privilege to look at this organization and see the tremendous talent that is available to solve the problems. To solve our problems we need to set an agenda that states, these are the things we do, this is how we do them and this is what they are". Dr. Robarge hopes in the future that the Division talks more about outcome.

Olmstead Report

Don Willis presented the Olmstead plan and reviewed the Department Olmstead Interim Plan. This Interim Plan is the Department's response to the Olmstead Rule. The work from the Olmstead Steering Committees has been incorporated into the Department interim plan and the Department is making it available for public review and comments. The Department invites thoughts on the preliminary plan, and if possible all comments should be submitted by the end of February. DHHS intends to solicit comments through their internet site, by publicizing the interim plan's available through other media, and by conducting a public forum sometime in the spring. As soon as the logistics and scheduling for the public forum is complete, it will be posted on DHHS website.

The Division has decided that it is going to assess most of the clients who resides in the institutions. An assessment instrument has been selected for the hospitals and the MR centers. The Division is in the process of signing a contract with the Center for the Study for Disorder of Learning at the UNC Chapel Hill who will complete the client interviews. After the service plans have been developed, a summary of the information will be sent to the Division. The Division will compile the information to make some determination regarding the total cost. It will also help determine the waiting list.

Follow-up to the Advisory Committee

Resolution to go to the Legislative Oversight Committee as follows:

The Commission of MH/DD/SAS requests that the Legislative Oversight Committee on Mental Health Reform consider the following points:

1. The Commission of MH/DD/SAS opposes the role of the county governance as outlined in the draft legislation and as discussed in the subcommittee meetings. We do not believe this model will be in the best interests of clients. We are concerned that the county governance model will not have the expertise, time commitments or financial resources necessary for ongoing delivery of quality care.
2. The Commission of MH/DD/SAS also believes that the local Boards need to have a government role and not just an advisory/ombudsman role. We continue to recommend strong local representation on the Boards from the community including professional and financial leaders, from consumers, from providers, and from local elected officials.
3. The Commission of MH/DD/SAS does not necessarily believe in the status quo. We continue to encourage change that will improve client access to affordable quality care. This may include mergers of existing Area Boards and changes in the makeup of the Area Board. We are concerned that the current delivery system, which does provide for quality care may be, jeopardized by the wholesale changes as presented in the draft legislation.
4. The Legislative Oversight Committee should review validated input from the stakeholders around this state. This input should include but not limited to national accreditation (Council on Accreditation), outcome data, consumer satisfaction surveys and other accountability measures from the current local delivery system. This information should be used to enhance the system reform.

The Commission approved the requested resolution that the Legislative Oversight Committee on Mental Health reform reviews the above points. Paul Gulley made a motion to approve the resolution and Mockie Stancil seconded. The motion passed unanimously. A letter will be drafted and distributed to co-chairman and members of the General Assembly.

HIPAA update

Marilyn Brothers and Susan Brown Ward presented on the Health Insurance Portability and Accountability Act (HIPAA). Marilyn Brothers and Susan Brown Ward have been appointed co-coordinators for the Division. An overview of HIPAA requirements was presented. (HANDOUT).

PublicComments

Mrs. Moore introduced Flora Dunbar. She wished to speak before the Commission to make a request on improving service access to master level psychologists.

Flora Dunbar is a Legislator Liaison with the NC Association of Professional Psychologist she expressed her concerns. Ms. Dunbar reported the Association was formed five years ago and memberships consist of master level Psychologists. “The mission of this organization is to support psychologists in North Carolina and to support all clients with whom they work. There have had a hard time getting the message out to the public. This whole topic pertains to a group of mental health providers’ particular to Psychologist services. They had had difficulties accessing clients and clients had difficulties accessing services. The concern of this group is that these Practitioners will be left out the service loop. Masters Psychologists comprise 40% of all psychologists licensed in North Carolina and provide the lion’s share of psychology services in the both the public sector and rural areas. Despite the wide availability of masters psychologist, citizens find it difficult and often impossible to access the services of these professionals because of obstacles in our state laws. The accessibility problems are most acute in rural areas of our state, where masters psychologists are often the primary or only providers of psychology services and in Area Programs.”

Ms. Dunbar reports that the licensure law for this group is creating problems because of the supervision requirements. “There’s a problem in the market place in that Area Program Directors do not want to hire Masters Psychologists and they have several letters from them attesting to that fact. It stands to reason that if masters psychologist continue to operate at an economic disadvantage, as compared to all of their professional peers, the graduate psychology programs that train them will eventually suffer the market impact. Application rates at most NC masters clinical psychology programs have been steadily dropping in recent years. In other words, the pipeline for widely available and economical psychology services in our state may be in danger.”

“Legislative relief for masters psychologist is about preserving public access to the particular skills and perspective of psychology as a discipline on the front lines of community mental health all across our state. Our citizens, who have relied on masters psychologists for decades, deserve to have this valuable mental health resource supported and protected.” (HANDOUT)

Karen Stewart who is a Master Psychologist from the Durham area spoke on why it has been so hard for Master Psychologists to achieve parity at the master level and when all the others master level groups have been able to do it. The reason they haven’t been able to do this is because they are psychologists and as such the license law is the same which covers Ph.D. psychologists.

The Organization is hoping, that the Commission decides to support this effort.

Mrs. Moore referred this issue to the Advisory Committee to make a recommendation for action at the May meeting.

Mrs. Moore, Chairman of Commission MHDDSAS, reported the last few weeks have been very good. Mrs. Moore is looking forward to the new beginning with Dr. Robarge. It feels good to have good communications with the Division. It was good to hear that Secretary Hooker Buell was opened to the Commission emails and gave her email address and fax number requesting comments. Mrs. Moore hopes the Commission will be part of the “solution” of MHDDSAS.

New Business

The next meeting will be held May 14-15, 2001 at the Sheraton Four Points Hotel near Crabtree Valley Mall.

The reappointment that are up on June 30, 2001 are: Emily Moore, George Jones, Lois Baton, Pearl Finch, Lou Adkins, Mokie Stancil, Pender McElroy, Tom Palmer, Wymene Valand, Jeanne Fenner, Floyd McCullouch and Mansfield Elmore. All members, who are up for reappointment and want to continue serving on the MHDDSAS Commission, please call or write to the Governor’s Office and request to be appointed.

Meeting Adjournment.